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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: LUNA F10075 LLC (Name of Corporation)
DOCUMENT NUMBER: 40300049196
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE LUIS LUNQ (Name of Person)
Luna Floors LLC (Name of Firm/Company)
3914 NW 5+h dr (Address)
Deerfield Bch, FL 33440 (City/State and Zip Code)
For further information concerning this matter, please call:
Tose Luis Luna at (954) 415-561/ (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luna floors Li					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed florida document number 10300049196.	on 11-20-2003 and assigned				
nis amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability compa	ny here:				
he new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."				
nter new principal offices address, if applicable:					
rincipal office address MUST BE A STREET ADDRESS)					
·					
nter new mailing address, if applicable:					
(ailing address MAY BE A POST OFFICE BOX)	The State of State				
	A11 26				
. If amending the registered agent and/or registered office address bere:	ess on our records, enter the name of the				
Name of New Registered Agent:					
New Registered Office Address:					
En	ter Florida street address				
	, Florida				
City	Zip Code				

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		Miami FL 33145	Remove
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fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more that if the date inserted in this block does not meet the applicable statutory filing requ	an 90 days after filing.) Pursuant t uirements, this date will not be	605.02 listed
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the e	arlier
ated $5 - 130016$		
ated 5-13- 2016		
Signature of a member or authorized representative of a n	nember	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00